

Application for SPA Passport Scheme licence

Name _____

Name of organisation _____

Address _____

_____ Postcode _____

Tel _____ Fax _____ Email _____

Tick boxes as appropriate:

- core day
- sector specific day (*please specify sector* _____)

- Please include my details on SPA Passport Scheme's published list of course providers
- The course(s) will be offered in-house only. Please **do not** add my details to the Passport Scheme's published list of course providers

Tutor(s) – please complete 'Tutor registration form' for all tutors who will deliver the course.

I enclose cheque value £_____ payable to SPA Ltd

I agree to comply with SPA Passport Scheme's conditions of licence.

Name (print) _____ Signed _____ Date _____

The licence will not be issued until payment has been cleared by SPA Passport Scheme.

Please send the completed form to:

SPA Ltd, Unit 3, The Court, Holywell Business Park, Northfield Road, Southam, Warks. CV47 0FS

OFFICE USE ONLY		
Application checked _____	Payment received _____	Licence issued _____

